

**APPLICATION FOR LICENSE AS COMMERCIAL SOLICITOR,  
TRANSIENT MERCHANT OR ITINERANT VENDOR**

1. Name and address of person applying for license: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

(Include driver license number of all persons who are to participate in the sales) \_\_\_\_\_

\_\_\_\_\_

2. Address of principal place of business(Street Address) \_\_\_\_\_

\_\_\_\_\_

3. If the applicant is a corporation or a limited liability company, list the names, addresses and telephone number of the Directors or Manager and the name and address of Registered Agent

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Name, address and telephone number of employer: \_\_\_\_\_

\_\_\_\_\_

5. Location where applicant proposes to sell goods, or area of City where Commercial Solicitor proposes to sell goods or services: \_\_\_\_\_

\_\_\_\_\_

6. Describe the type of goods to be sold and quantity: \_\_\_\_\_

\_\_\_\_\_

7. Please attach an inventory of goods to be sold.

8. Please attach copy of the Certificate of Registration under the Retailers' Occupation Tax Act

9. Have you(or any of the persons to engage in sales in the corporate limits)ever been charged or convicted of a criminal offense of an ordinance violation within the five (5) year period preceding this application? \_\_\_\_\_

If yes, please state the offense and the result of the prosecution. \_\_\_\_\_

\_\_\_\_\_

10. If vehicle(s) is(are) used to conduct the sales, please provide a description of each vehicle and the license number of each \_\_\_\_\_

\_\_\_\_\_

11. If the sale of food is anticipated, please attach copy of license obtained from the Bi-County Health Department.

12. Provide the names of other municipalities where you have obtained a license to conduct sales within the past five(5) years\_\_\_\_\_

13. Have you ever had a license revoked or a license denied by any municipality within the past five(5) years?\_\_\_\_\_

14. If the answer to Number 13 is yes, please provide the name of the municipality that denied or revoked the license, and the reason(s) for the denial or revocation\_\_\_\_\_

By signing this application for license, I affirm that all the information provided is true and correct.

Date:\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Street Address of Employer